

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/815825

FILING DATE

3/22/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		/				
3						
4						
5						
6		/				
7		/				
8						
9		/				
10		/				
11						
12						
13						
14						
15		2				
16		2				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26						
27		2				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		6				
41		/				
42		/				
43		/				
44		/				
45						
46						
47						
48		1				
49						
50						
TOTAL IND.	20					
TOTAL DEP.	29					
TOTAL CLAIMS	49					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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59						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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FEE CALCULATION SHEET**
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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6		1				
7		1				
8	1					
9		1				
10		1				
11	1					
12	1					
13	1					
14	1					
15		1				
16		1				
17	1					
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26	1					
27		1				
28	1					
29		1				
30		1				
31		1				
32		1				
33	1					
34		1				
35	1					
36		1				
37	1					
38		1				
39	1					
40		1				
41		5				
42	1					
43		1				
44		1				
45	1					
46	1					
47	1					
48		3				
49						
50						
TOTAL IND.	20					
TOTAL DEP.	38					
TOTAL CLAIMS	58					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
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61						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS